

ENVIRONMENT AND HEALTH & FAMILY WELFARE DEPARTMENTS

3.4 Management of Bio-Medical and Plastic Waste

3.4.1 Introduction

To control the health hazards and environmental menace due to inappropriate management of Bio-Medical Waste (BMW), Government of India (GOI), notified the Bio-Medical Waste (Management and Handling) Rules, 1998, (BMW Rules)¹ under the Environment (Protection) Act, 1986 (EP Act). According to these rules every occupier² of institutions, which generate/handle/dispose BMW in any form, was responsible for ensuring that such waste was handled without any adverse effect to human health and the environment. Besides, in order to regulate the use and manufacture of new as well as recycled plastic carry bags and containers, GOI, notified the Recycled Plastics Manufacture and Usage Rules in 1999 (Plastic Rules) with an amendment in 2003.

Organisation

In West Bengal, the West Bengal Pollution Control Board (WBPCB) under Environment Department (ED) was the prescribed authority for enforcement of BMW Rules and Health and Family Welfare Department (H&FWD) was responsible to provide funds and other infrastructural support to the occupiers under it to implement the BMW Rules. The Deputy Director of Health Services and the Chief Medical Officers of Health (CMOH) were the licensing authorities for private health care units (HCU) in Kolkata and other districts respectively.

Under the Plastic Rules, WBPCB was the prescribed authority for enforcement of its provisions relating to manufacture, recycling and granting authority of registration for manufacturers; whereas, the District Magistrates were the prescribed authorities for enforcement of the provisions relating to use, collection, segregation, transportation and disposal of stock. In West Bengal, ED was the nodal administrative Department for Management of Plastic Waste.

Audit had test-checked the records of ED, WBPCB and its four Regional/Sub-Regional offices³, H&FWD, one Common Bio-Medical Waste Treatment Facility (CBWTF) operated by a private agency⁴, four District Magistrates⁵ (DM) Offices, eight Municipal Corporations/Municipalities⁶, four CMOs⁷, 20 Government Medical Colleges and Hospitals/District Hospitals/ Sub-division Hospitals/

¹ amended twice- in June 2000 and September 2003

² "Occupier" means a person who has control over that institution and/or its premises, generating bio-medical waste

³ Asansol, Durgapur, Malda and Siliguri.

⁴ M/S Sembramky Environmental Management Pvt.Ltd.

⁵ South 24 Parganas, Bardhaman, Malda and Darjeeling.

⁶ Diamond Harbour, Bardhaman, Asansol, Durgapur, Kalyani, Malda, Siliguri and Darjeeling

⁷ Bardhaman, Murshidabad, Malda and Darjeeling.

General Hospitals/Rural Hospitals⁸ in seven sampled districts⁹. Important points noticed during audit are discussed in the following paragraphs.

Audit findings

3.4.2 Management of Bio-Medical Waste

3.4.2.1 Generation and treatment of BMW

The quantities of untreated BMW generated, treated and disposed of in the State during 2002-2008 were as follows:

Year	BMW generated (tonnes)	BMW treated (tonnes)	BMW disposed of untreated (tonnes)	Percentage of untreated waste
2002-03	8595.39	487.52	8107.87	94
2003-04	7767.62	3239.38	4528.24	58
2004-05	8490.26	3309.82	5180.44	61
2005-06	8729.34	3899.29	4830.05	55
2006-07	8647.03	4147.13	4499.90	52
2007-08	8972.70	4936.00	4036.70	45

Source: Annual Reports of WBPCB

Test-check, however, showed that the quantum of BMW generated and treated shown above was only an estimate (projected) (300gm/bed/day for 2002-03 and 250gm/bed/day for 2003-08), and not based on actuals. The WBPCB stated (October 2007) that due to non submission of annual report (AR) by most of the HCUs, though required under Rule 10 of the BMW Rules, the actual generation/treatment of BMW could not be worked out. Thus, WBPCB submitted reports to CPCB based on projected figures without any consideration to Rule 10.

3.4.2.2 Segregation of Waste

Segregation of waste helps to contain the spread of infection. WBPCB had advised use of four colour coded bags (red, yellow and blue for infectious, anatomical, sharps/needles/syringes respectively and black bags for municipal solid waste (MSW)). BMW was required to be segregated at the points of generation by using the said colour coded plastic bags/containers with 'bio hazard' or 'toxic hazard' symbol.

Inspection done by WBPCB disclosed that segregation at various government or private HCUs was not done properly. Central Pollution Control Board (CPCB), East Zone Office also reported (May 2007) mixing of BMW with MSW after

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Kolkata	SSKM Hospital (1250), NRS MC&H (1890), Kolkata MC&H (1800)
South 24 Parganas	Diamond Harbour SDH (125),
Nadia	JNM Hospital, Kalyani (350)
Bardhaman	Bardhaman MC&H (1099), Durgapur SDH(157), Asansol SDH (215), Mankar RH (30), Memari RH (60)
Darjeeling	North Bengal MC&H (599), DH Darjeeling (308), Siliguri SDH (320).
Malda	DH Malda (500), Chanchal RH (68),
Murshidabad	DH Murshidabad (391), Berhampur GH (225), Lalbag SDH (206), Sagar Dighi RH (30), Krishnapur RH (50).

⁹ Kolkata, South 24 Parganas, Bardhaman, Nadia, Murshidabad, Malda and Darjeeling

random inspection of 17 private HCUs in Kolkata leaving substantial risks of spread of infectious wastes. There was also possibility of health hazard by recycling/ reuse of these untreated wastes.

The Joint Director of Health Services attributed (October 2007) the same to non-availability of colour coded bags in adequate quantity and lack of awareness due to inadequate training of the handling staff.

3.4.2.3 Transportation

According to Rule 6 of BMW Rules, untreated wastes should be transported only in dedicated, closed vehicles with BMW sign. In violation of the Rules, the municipal authorities used to carry both treated and untreated and sometimes even non-segregated BMW for disposal in dump site without considering the health hazards. Five Municipal authorities¹⁰, out of eight test-checked, used to carry BMW from six sampled HCUs in uncovered vehicles causing serious environmental contamination.

3.4.2.4 Disposal of waste

H&FWD procured 16 waste treatment facilities (WTF)¹¹ for management of BMW, between September 2001 and March 2004 at a cost of Rs 3.76 crore under West Bengal State Health System Development Project II (WBSHSDP-II), a World Bank aided project. These 16 WTFs were installed at 16¹² government hospitals located in 16 districts.

Due to delay in engaging agencies for annual operation and maintenance (O&M), 11¹³ autoclaves with shredders became functional in February 2006 after remaining inoperative for nearly two years. Out of eleven WTFs, five¹⁴ remained inoperative since installation due to absence/ non co-operation of operator and non availability of consumables and two¹⁵ remained functional for only two to five months up to December 2006 due to theft/ damage of parts. In six districts of North Bengal, against 258 HCUs (8799 beds) under H&FWD there were only two¹⁶ autoclaves in working condition out of four installed. Thus, due to lackadaisical attitude of the Department in operationalising the WTFs, the autoclaves though installed could not be used.

Status of WTF in the form of burial/ campus pits dug in 49 Government HCUs in the districts other than Kolkata were not even known either to the H&FWD or WBPCB.

¹⁰ Bardhaman, Asansol, Memari, Berhampore, Lalbagh

¹¹ two microwaves, three autoclaves without shredder and 11 autoclaves with shredders.

¹² Out of these 16 hospitals, six were test checked.

¹³ Bardhaman MC&H, Bankura MC&H, DH Purulia, Chinsurah, Krishnanagar, Barasat, Malda, Jalpaiguri, Suri, Siliguri SDH, Berhampore GH.

¹⁴ Bankura MC&H, DH Purulia, DH Suri, DH Jalpaiguri, Siliguri SDH

¹⁵ DH Malda, Berhampore GH

¹⁶ DH Malda, MJNH, Cooch behar.

The Advisory Committee on BMW constituted in June 2002 under Rule 9 of BMW Rules stressed upon the need to build common storage, treatment and disposal facilities for treatment of Bio Medical Waste. The facility would be built and funded by the Government but maintained and operated by a private party. Government, instead of creating such common WTF, made a resolution to designate all the 16 WTFs installed for respective hospitals as common WTF. However, records revealed that out of these 16 WTFs, only two¹⁷ with a capacity to treat BMW generated from 1198 beds/day were being operated as common WTFs.

Apart from these two, four common WTFs in private/ joint sector¹⁸ had also been set up between November 2003 and September 2007 with treatment capacity of BMW of 1.10 lakh beds per day covering the HCUs of 13 districts in South Bengal.

No common WTF was set up for 510 HCUs in six districts of North Bengal either by H&FWD or by any private agency

3.4.2.5 Violation of Bio Medical Waste Rules by hospitals

Test check of 20 Government HCUs revealed the following violations of BMW Rules.

- Only one HCU¹⁹ maintained records for generation and treatment of waste (under Rule 11). Only eight HCUs²⁰ submitted annual report once or twice during the period covered in audit, but no initial records could be shown to audit.
- Segregation of BMW at the point of generation was done only in seven HCUs²¹, partially done in seven HCUs²² and not done in another six HCUs. In CBWTF at Diamond Harbour SD Hospital, non-segregation of BMW by the HCUs at generating point was reported. Except Durgapur SD Hospital, no HCU used labelled bags/containers with 'bio hazard' and 'toxic hazard' symbols.
- In three HCUs in Kolkata, disposal of BMW to CBWTF for treatment, ranged between nine and 31 per cent of the projected estimate due to improper segregation.

¹⁷ J.N.M. Hospital, Kalyani (operation started from October 2002) in Kalyani Municipality and Diamond Harbour SDH (operation started from May 2004) in Diamond Harbour Municipality

¹⁸ M/s Sembramky Environmental Management Pvt Ltd set up the facilities at Howrah, Haldia (jointly with Haldia Development Authority), Asansol and Kalyani.

¹⁹ Durgapur SDH

²⁰ SSKM and Bardhaman MC&H, Durgapur SDH, Berhampur GH, Diamond Harbour SDH, JNM Hospital, Kalyani, Chanchal RH, DH, Malda

²¹ Diamond Harbour SDH, Durgapur SDH, Mankar RH, Berhampore GH, Sagardighi RH, DH, Darjeeling and Malda

²² SSKM, NRS MC&H, Kolkata MC&H, Bardhaman MC&H, JNMH Kalyani, Siliguri SDH, Krishnapur RH

- In seven HCUs²³, untreated BMW was stored inside/outside the vats and cleared from hospital premises by the respective municipalities once in a week/ once in 10 days, instead of the mandatory frequency of at least once in 48 hours. During joint inspections by Audit and hospital authority in three²⁴ HCUs, soiled and blood stained BMW were found lying untreated in the hospital campus outside the unlocked vat exposed to stray animals, patients/escort of the patients. A rag picker was also seen collecting used saline/ medicine bottles.
- In nine HCUs²⁵, used and untreated saline/IV fluid bottles were pilfered/ collected by rag pickers/patient party. Two HCUs²⁶ even sold untreated bottles showing utter disregard to the rules.
- Three HCUs²⁷ at Kolkata, even after joining CBWTF, disposed of huge quantity of contaminated linen articles (*viz* cotton mattress, bed cover, towels etc) by selling or burning in hospital campus or keeping that in store without considering those as BMW. Infected linen articles were also dumped and burnt in five HCUs²⁸ outside Kolkata.
- In SSKM Hospital, Kolkata, BMW mixed with MSW was kept in MSW bins (December 2007) for disposal by Kolkata Municipal Corporation (KMC). Mixing of BMW with MSW at generating point was also observed at Barddhaman Medical College & Hospital (January 2008).
- Out of nine deep burial pits in 6 test-checked districts, only one at the JNM Hospital, Kalyani was found operational (October 2007). However, treated as well as untreated BMW were dumped in it defeating the very purpose of segregation. In other cases the pits were not being used as those had either been filled up or closed due to local objection.
- In two Rural Hospitals²⁹ (RH), untreated BMW were dumped in campus pit and in two other RHs³⁰ anatomical wastes were dumped in campus pit but non-anatomical wastes were burnt within hospital campus.
- Liquid waste was discharged into drains by 13 HCUs without disinfection, partly done by two HCUs and disinfection was fully done only by five HCUs.

²³ DHs Darjeeling, Malda, Murshidabad, Durgapur SDH, Asansol SDH, Memari RH, Lalbag SDH,

²⁴ Durgapur and Asansol SDH and Malda DH

²⁵ DHs, Darjeeling, Malda, Murshidabad, Diamond Harbour SDH, Durgapur SDH, Asansol SDH, Siliguri SDH, Sagardighi and Krishnapur RHs

²⁶ Diamond Harbour SDH and Sagardighi RH

²⁷ SSKM Hospital, Kolkata MC&H and NRS MC&H

²⁸ DHs, Darjeeling, Murshidabad, Berhampore GH, Asansol SDH, Siliguri SDH.

²⁹ Mankar and Chanchal RHs

³⁰ Sagardighi and Krishnapur RHs.



BMW dumped and burnt within the premises of North Bengal Medical College and Hospital

- North Bengal Medical College and Hospital with 589 beds, the only referral Government HCU in North Bengal (situated under a Gram Panchayat near Siliguri town) had no facilities for treatment of BMW, not even a vat for storing of the BMW. The BMW was found dumped in different places inside the hospital premises and even within the vacant courtyard between wards and by the side of the walk away corridor and burnt under the open sky.

Thus, the BMW rules were not implemented due to lack of infrastructure, awareness and initiative on the part of the local authorities as well as the Department.

3.4.2.6 HCUs running without treatment facility

Under Rule 5(2) of the BMW Rules, every ‘occupier’ should either set up requisite BMW treatment facilities or ensure requisite treatment of waste at a CBWTF or any other waste treatment facility. The time-schedule set out in the Rules for setting up facilities was between December 1999 and December 2002 depending upon number of beds of the HCUs and population of city/town in which the HCUs situated.

Position of HCUs running without treatment facility in the State (under category A³¹ and B³²) during 2002-08 is shown below:

	Position as of					
	March 2003	March 2004	March 2005	March 2006	March 2007	March 2008
1) Number. of HCUs in the State	1956	3106	3326	3508	3578	3741
2) Number. of HCUs utilizing CBWTF	15	326 (including 3 HCUs joining CBWTF for incineration of wastes)	456	713	886	1476
3) Number of HCUs having own facility	21	20 (excluding 10 HCUs that joined CBWTF)	20	20	17	17
4) Total number of HCUs either having own facility or joining CBWTF (2+3)	36	346	476	733	903	1493
5) HCUs running without treatment facility or did not join the CBWTF(1-4) (Percentage in parenthesis)	1920 (98)	2760 (88)	2850 (86)	2775 (79)	2675 (75)	2248 (60)

Source: Annual Reports of WBPCB

³¹ Hospitals and Nursing Homes in towns with population of 30 lakh and above

³² Hospitals and Nursing Homes in towns with population of below 30 lakh

Above table shows that position has improved over the years but still far of the target. Further, out of 2975 HCUs under category C³³, only 1188 HCUs (40 per cent) joined CBWTF as of March 2008. The delay in operationalising and non-functioning of the facilities, as mentioned earlier, was, however, not taken into account by WBPCB in their reports (2002-08) leading to over-statement of coverage.

CMOH of Purulia district and Secretary, District Health & Family Welfare Samity, Purulia brought all the 76 HCUs under H&FWD in Purulia district under the fold of CBWTF but such initiatives were not taken by other CMOsH having same set up.

Under Section 15 of Environment (Protection) Act, whoever fails to comply with the provisions of the Act, shall be punishable with imprisonment or with fine or with both. There were, however, no instances of action initiated by the WBPCB against such non-compliance of the rules, except issuing closure orders only to seven HCUs during the period of audit.

3.4.2.7 Functioning of hospitals without obtaining authorisation.

As authorisation/renewal by WBPCB was subject to verification of compliance of pollution control norms, it was construed as an important control mechanism. Under Rule 8(1) of BMW Rules, every occupier should obtain authorisation for generating or handling bio-medical waste. HCUs running without authorisation indicated possibility of non-adherence to rules leading to contamination of environment. The status in respect of authorisation of HCUs under the categories A and B was as under:

	Position as on					
	March 2003	March 2004	March 2005	March 2006	March 2007	March 2008
Total number of HCU	1956	3106	3326	3508	3578	3741
Number of HCU applying and granted authorisation	935	1017	1269	1529	1606	1976
HCU running without authorisation (percentage in parenthesis)	1021 (52)	2089 (67)	2057 (62)	1979 (56)	1972 (55)	1765 (47)

Source: Annual Reports of WBPCB

Thus, as of March 2008, 1765 HCUs (47 per cent) were running without authorisation, of which 1243 HCUs (70 per cent) were under H&FWD. Test-check showed abysmally low coverage of authorisation of HCUs under H&FWD in South 24 Parganas (2 out of 95), Bardhaman (6 out of 143), Murshidabad (6 out of 105) and Malda (3 out of 53). It was also evident from test check that 14 HCUs³⁴ had not renewed authorisation after lapse of initial validity period and two HCUs³⁵ had not applied at all. No effective step, except issuing notices, had been taken by WBPCB against the HCUs running without authorisation.

³³ All other institutions like pathological laboratories X-ray clinics, etc generating BMW and not included in A and B.

³⁴ Kolkata MC&H, Bardhaman MC&H, North Bengal MC&H, Durgapur, Asansol, Siliguri, Lalbag SDHs, DGs, Darjeeling, Murshidabad, Malda, Berhampur GH, Mankar, Chanchal, Memari RHs

³⁵ Krishnapur and Sagardighi RHs

3.4.2.8 Monitoring over management of BMW

The WBPCB was the monitoring authority for implementation of the BMW Rules. However, regular monitoring over segregation of wastes into colour coded bags/containers with necessary labelling, transportation, etc. was not carried out by it, which was attributed by the WBPCB to absence of proper monitoring infrastructure.

No periodicity schedule was drawn up for monitoring/testing of operating standard of different facilities. Except for the CBWTF run by private agencies, working conditions of treatment and disposal facilities of HCUs were not monitored. Standards of 10 deep pit burials were claimed to have been monitored by WBPCB, but no reports could be produced. No effective action had been taken against the municipalities which used to dispose of untreated BMW in municipal dumping ground.

The Joint Director of Health Services (PH&CD), entrusted to monitor the management of BMW in the Government HCUs joining CBWTF, could not produce any monitoring report. Test-checked HCUs also confirmed the absence of monitoring on the part of the Department. H&FWD accepted (October 2007) the deficiencies.

Two sampled CMOsH,³⁶ during issuance of new clinical establishment licenses or its renewal, did not verify the compliance of BMW rules by the licensee.

3.4.2.9 Co-ordination between WBPCB and H&FW Department

There was no co-ordination mechanism between WBPCB and H&FWD as was evident from non-updation of the number of HCUs in the ARs of WBPCB according to the list of HCUs published each year by H&FWD. Licensing authorities under H&FWD did not endorse copy of license issued in favour of private HCUs to WBPCB for taking further action. In spite of issuance of notices by WBPCB to Government HCUs for compliance of BMW Rules, no action was found to have been taken by H&FWD. Permission sought (August 2007) for taking legal action by WBPCB against SSKM Hospital authority for violation of BMW Rules was denied (December 2007) by the H&FWD.

In view of dismal performance in management of BMW in the State, the Standing Committee of West Bengal Legislative Assembly on Environment, Forest and Tourism in its report (July 2007) recommended creation of a co-ordination mechanism among Environment Department, WBPCB and H&FWD for proper management of BMW, continuous monitoring by WBPCB and if necessary, enactment of an Act to penalise the violators of rule. Accordingly one Monitoring Committee³⁷ was constituted in December 2007. As per decision (March 2008) of the Committee, H&FWD issued (April 2008) direction to CMOsH to ensure submission of application for authorisation by defaulting HCUs under H&FWD.

³⁶ Bardhaman and Malda

³⁷ Involving H&FWD, KMC, ED and WBPCB

3.4.2.10 Inspections of hospitals by WBPCB

For effective implementation of BMW Rules, regular inspection of the hospitals has to be conducted. It was, however, observed that out of 6436 HCUs in the State, WBPCB inspected only 1513 HCUs (23 per cent) during 2002-07 for checking compliance to rules. In four test-checked regional and sub regional offices, monitoring of compliance of rules by HCUs was either limited or non-existent. In two³⁸ test-checked regional and sub regional offices authorisation to HCUs was granted without any preliminary inspection regarding compliance of BMW Rules. Lack of manpower was the reason for such poor monitoring as attributed by WBPCB.

3.4.3 Management of Plastic Waste

3.4.3.1 Prohibitory orders and enforcement mechanism

WBPCB prohibited (September 2001) use of plastic carry bags in the ecologically sensitive areas of the State namely, entire Sunderban area, coastal regulation zone areas, Hilly areas of Darjeeling and entire forest areas of the State. It also banned (May 2003 to June 2007) the entry, use, sale of plastic carry bags in 40 heritage/tourist places in the State. Government also banned (March 2004) the use of plastic carry bags / cup / containers less than four inches in height and 40 micron in thickness in all Government buildings and offices and restricted (May 2007) the manufacture, use and storage of plastic carry bags of thickness below 40 microns and of size 12x16 inches in the State and finally empowered (February 2008) the competent authorities to realise 'pollution cost'³⁹ from violators. Despite restriction imposed on use of plastic carry bags in different areas, the orders were not implemented in a meaningful manner as would be evident from the following paragraphs:

3.4.3.2 Enforcement of rules by DM and WBPCB

Records of three DMs⁴⁰ showed that no steps were taken either to prohibit the vendors using carry bags/containers made of recycled plastics for storing/carrying/dispensing/packaging of foodstuffs (Rule 4) or to verify/ensure compliance to the Bureau of Indian Standard specification (Rule 6) in recycling of plastics.

WBPCB could complete the inventory of plastic manufacturers only for nine districts as of April 2008, while only 30 plastic manufacturing units applied for and were granted registration. WBPCB accepted its failure in this matter and stated (May 2008) that majority of the said manufacturing units were tiny in nature and were mostly operating without any regulatory permission.

³⁸ Malda, Siliguri

³⁹ At the rate of Rs 500 for shop owners and Rs 50 for users

⁴⁰ Bardhaman, Malda and Darjeeling

3.4.3.3 Deficiencies in the Rules relating to Management of Plastic Waste

The rules did not specify the nature of action to be taken by the DM for the enforcement of the Rules. The Rule also remained silent on the role of Local Bodies in implementing the various provisions which hindered the enforcement of prohibitory orders.

To overcome such deficiencies and also as per opinion of Calcutta High Court, a draft bill titled ‘The West Bengal Plastic Carry Bags and Garbage (Control) Bill, 2004’ specifying duties and powers of each authority including penalty clause was sent (July 2005) to GOI, approval to which was awaited (July 2008). The Government, however, claimed (July 2008) that the orders so far issued under the Environment (Protection) Act, 1986 were more effective than enactment of a separate Act. Unless the orders were implemented properly, the claim of the Government regarding effectiveness of orders was not tenable.

3.4.3.4 Monitoring over Management of Plastic Waste

A State Level Plastic Management Committee (SPMC) was constituted (May 2007) to monitor the implementation of Plastic Rules. In its first meeting (June 2007), WBPCB was directed to take different vigilance measures for implementation of the rule. Municipal authorities and Zilla Parishads were also requested to keep vigil on implementation of the order. WBPCB had monitored to some extent through surprise check of markets, food shops, sweet shops, etc. in a sporadic or scattered manner. After hearing, penalty was imposed on the defaulting vendors by the WBPCB according to the nature of violation. However, in the third meeting (January 2008) of SPMC, the Chairman SPMC opined that Municipalities and Government agencies were very much reluctant to implement different orders regarding control of use of plastic carry bags and such apathy had a serious consequence upon the plastic waste management in the State.

No monitoring was done by test checked offices of District Magistrates to implement the Rules.

3.4.4 Conclusions

Thus, the basic objective of scientific disposal of BMW for preventing the environmental pollution remained largely unachieved owing to various operational deficiencies coupled with lax monitoring on the part of WBPCB as well as H&FWD.

Meaningful efforts for implementation of rules and orders regulating manufacture and use of plastic carry-bags and containers were also not forthcoming from the enforcement mechanism which might lead to serious health and environmental hazards.

3.4.5 Recommendations

- *Hundred per cent segregation of BMW in colour coded bags according to its types should be enforced in each HCU. The concerned HCU authorities should be held responsible for any lacuna on their part in proper segregation, storage and disposal of hazardous waste;*
- *Training on handling of BMW should be imparted to the staff of HCU's at regular intervals;*
- *The recommendations (July 2007) of the Standing Committee of West Bengal Legislative Assembly on Environment, Forest and Tourism should be implemented on priority basis;*
- *An inventory of all plastic manufacturing units in the State has to be prepared and brought under the fold of registration, otherwise it would not be possible to enforce the Plastic Rules.*